

Porthaven Care Homes No 2 Limited
Thirlestaine Park Care
Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

About the service

Thirlestaine Park Care Home is a residential care home providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. The service can support up to 63 people. People are accommodated on three floors and on units according to their needs. One unit specialises in the care of people who live with dementia.

Each unit provides people with a single occupancy bedroom with attached toilet and bathing facilities. Each unit has its own lounge, dining room and additional adapted bathing facilities and toilets. There is a designated activities room with cooking facilities. People have access to a large garden and spacious communal balconies leading off the upper floor lounges.

People's experience of using this service and what we found

People told us they felt safe. Risks which are associated with the care of older and more frail people were assessed and action taken to reduce these. Falls prevention strategies were adopted and people, assessed as being at risk of falling, were provided with the support they needed. Care and nursing staff were well versed in the provider's falls protocol and knew what action they should take in the event of a person's having fallen.

Risk management strategies were also in place to manage other risks which can accompany old age and living with dementia, such as loss of appetite, weight, swallowing difficulties and pressure ulcer development. People who lived with dementia were provided with support when they became anxious and confused. This helped reduce potential changes in their behaviour which may affect their wellbeing.

Some people told us they sometimes had to wait longer than they would prefer for staff to respond to their call bell. Some recorded call bell response times were not within the provider's preferred time frame although many were. Managers and senior staff appreciated the need for call bells to be responded to quickly to help maintain people's safety. Action was being taken to improve the staffs' response times to call bells. People told us staff were attentive to their needs when they were with them.

People's dependency levels were assessed and monitored, and managers staffed the home accordingly. The provider had contingency plans in place to be able to respond to the impact of COVID-19 on staffing.

People and their relatives told us they would feel able to raise concerns and, they felt reassured that these would be addressed. There were systems in place to protect people from potential abuse.

People received their medicines as prescribed. People were supported to manage their own medicines where it was safe for them to do this. Potential risks, associated with certain types of medicines, were identified and managed. Staff were aware of the potential increased risk of internal bleeding when people who were prescribed an anticoagulant and who were also prone to falling.

Action was taken to reduce and mitigate environmental risks. Fire detection systems were maintained, and staff had been trained in how to support people in the event of a fire. Regular servicing and maintenance arrangements were in place to keep the building and the equipment in it safe.

Effective infection, prevention and control arrangements reduced the risk to people from infections which can potentially spread. The service was adhering to current COVID-19 related guidance for care homes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. This judgement is limited to the areas focused on during this inspection such as maintaining people's safety, the management of risk and medicines support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 12 January 2018).

Why we inspected

This targeted inspection was prompted following receipt of notifications from the provider of serious injury following falls experienced by some people.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific areas of concern. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. The overall rating for the service has not changed following this targeted inspection and remains Good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thirlestaine Park Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information, we will decide what regulatory action is appropriate to take.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Thirlestaine Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. This was a targeted inspection to look at the provider's arrangements to keep people safe and to review the provider's procedures for falls prevention and falls management.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case a person with experience of older people and people who live with dementia.

Service and service type

Thirlestaine Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with CQC. At the time of the inspection this was not the case although a new home manager had been identified and was due to start in September 2021. It is planned that this manager will apply to CQC to be registered. This means they, and the provider, will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave a short period of notice for the inspection because we needed to be sure that the current person responsible for managing the service would be present to support the inspection.

What we did before the inspection

We reviewed information we held about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff which included the nominated individual, a regional director (currently responsible for managing the service), an agency nurse and an agency care assistant, head of care, a team leader, a bank care assistant, head chef, an activities co-ordinator and two housekeepers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and seven people's medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including a selection of policies and procedures, were also reviewed.

After the inspection

We received feedback from a healthcare professional who regularly visited the service and spoke with a further two relatives by telephone to gain their views of the care provided. We continued to seek clarification from the provider to validate the evidence gathered on call bell response.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. This meant people were safe and protected from avoidable harm. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check that the provider had effective systems and practices in place to keep people safe. We specifically checked that effective falls prevention and falls management processes were in place and were followed.

Assessing risk, safety monitoring and management

- People's risk of falls was assessed on admission and reviewed monthly, or sooner, if their circumstances altered. Action was taken to reduce the risk of people falling and to help prevent serious injury. This included appropriate review of people's mobility, moving and handling requirements and medicines. Accident information was also collected and analysed. This was so any patterns in falls could be identified and where needed, falls prevention strategies adjusted. One healthcare professional told us the service had multiple strategies in place to try and prevent falls.
- Where people had fallen, staff had followed the provider's post falls and head injury protocol. People were assessed and monitored post fall and staff requested appropriate support from emergency services or a review by the person's GP. One healthcare professional confirmed staff were quick to contact healthcare providers where it was needed.
- Other potential risks, associated with the care of older people and those living with dementia, were also regularly assessed and monitored. This included the condition of people's skin, their ability to eat and drink sufficiently and maintain weight and people's altered behaviour.
- People at risk of developing pressure ulcers were provided with pressure reducing equipment and repositioned to alleviate pressure from the skin. People at risk of malnutrition and dehydration were given support to eat and drink sufficiently. Potential choking risks were identified, and the texture of people's food altered accordingly. Support was provided to people who became anxious and confused so that their wellbeing could be improved.
- Arrangements were in place for the ongoing maintenance of the building and grounds. Servicing contracts were in place to maintain the fire detection system, call bell system and the equipment used within the care home. Risks arising or continuing were discussed in the daily heads of department meeting so those who needed to be aware of these were kept well informed and updated.

Staffing and recruitment

- We received mixed feedback about whether there were always enough care staff to meet people's needs. At the time of the inspection we observed staff making themselves available to support people when this was needed. Managers used a dependency tool to help them determine the number of staff needed. They were currently operating in excess of the tool's recommended care hours. We spoke with staff who confirmed they were busy, but who also confirmed there were enough of them to meet people's needs safely.

- We reviewed a record of call bell response times for the month of July 2021. This showed that sometimes, people had needed to wait longer than the provider's preferred time frame, of three minutes, to have their call bell responded to. It also showed that many call bells were responded to within the three-minute time frame. No response times exceeded nine minutes. Action was being taken to improve staffs' call bell response times. Managers were reminding staff that it was the responsibility of all staff to initially respond to a call bell to ensure people were safe.
- We also reviewed seven months of falls audits and did not find evidence to suggest people's falls were linked to a lack of staffing numbers.
- The service had not been reliant on agency staff during the pandemic. It did use regular agency staff to maintain safe working numbers when, waiting for newly recruited staff to start work or during permanent staff absences. We spoke with two agency staff who told us they liked working at Thirlestaine Park Care Home because, although it was busy, they were able to work in a safe way.
- A recent loss of some permanent staff (for various reasons) had resulted in the need to recruit new staff across all key departments of the home. A new home manager and deputy manager had also been identified and were due to start work in September and October 2021 respectively.
- The recruitment files of recently employed staff showed that appropriate checks were completed which helped managers make safer recruitment choices. Staff completed induction training once recruited which covered subjects such as safe moving and handling practice and the provider's safety policies and procedures.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse. Staff had been trained to recognise abuse and to act on this. There were processes in place for the reporting of safeguarding concerns to appropriate agencies. Staff knew how to report concerns relating to poor practice.

Using medicines safely

- People's medicines were managed safely, and people received their medicines as prescribed.
- People assessed as safe to self-medicate were supported to maintain their independence in this task.
- People's medicines were reviewed by their GP. Staff reported any issues with medicines to the person's GP, such as refusal of medicines and adverse reactions and these were reviewed.
- Staff were aware of medicines which may cause people to be more at risk of falls. The use of these medicines was closely monitored both by the staff and the person's GP. These included medicines used for treating anxiety and psychosis in people who lived with dementia.
- Arrangements were in place to ensure the safe management of medicines used for diabetes, Parkinson's Disease, seizure management and anti-coagulants. Where people were unable to consent to medicines being administered to them, a best interests process was followed. Some people therefore had their medicines administered covertly (hidden in food or drink) to maintain their health. Clear instructions for staff on the management of all the above medicines was seen in people's relevant care plans.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The regional director took a proactive approach to developing staffs' awareness and knowledge. Reflecting on more recently experienced falls by people, had resulted in managers wanting to review staffs' awareness and knowledge of the provider's falls management protocols to ensure people were kept safe and provided with the appropriate support post falls. The need to increase staffs' awareness of the need to ensure people's call bells were responded to as quickly as possible when they sounded had also been part of this work.